Ms./Artist

Permanent Address _

> 44102 Zip

Rald

(last name last)

Entry Blank—Please Type or Print

Mr./Artist PATRICIA SIELSKI

10109 LAKE AVE. #401, CLEVELAND

Daytime Tel. (216) 444-3640

area

Temporary or Studio Address			
Studio Address	Street		City
	Daytime Tel. ()	
Zip		area	
If you do not presently live in on Reserve, in which county were you		e Western	
Collaborator (if any)			
If May Show entries are not acce ★Artist will pick up at Museum □ Museum should dispose of. □ Museum should ship to artist	at artist's exp. 1/26	24759 AY FISH 12032	
Street		12002	
City Star	te		Zip
Special Instructions			
Entry Blank must be completed in oe accepted.	n full and signed; form	s received uns	igned will not
When necessary, include instruction object.	ions or a drawing for a	ssembling and	d displaying
Note carefully the dates for both that the Museum shall dispose for the dates given herein. It is also exhibition until July 17, 1988.	or its own account any	objects not pi	cked up by
The submission of objects will be terms and conditions printed her		tance by the	artist of all
Signature Patrici	a dr. Si	elski.	
I have received the unsold/unacce	epted object(s) in good	condition.	7/30/88

Entry Blanks

